

LEAD POISONING ELIMINATION PLAN FOR THE STATE OF ARIZONA

November 2004

Arizona Department of Health Services

Children's Environmental Health

Childhood Lead Poisoning Prevention Program

Mission Statement: Protecting the children of Arizona from unnecessary harm.

Introduction:

The Arizona Department of Health Services, Office of Environmental Health, administers the Arizona Childhood Lead Poisoning Prevention Program (AZ CLPPP). Arizona is one of thirty-six states and five cities that receive funding from the CDC. All of the grantees are charged with the task of eliminating lead poisoning as a public health problem by 2010. This document outlines the Lead Poisoning Elimination Plan for the State of Arizona.

Eleven of the grantee states are west of the Mississippi with only three (Arizona, California, and Oregon) west of the Rocky Mountains. Our geographic location obligates Arizona to view the fight against childhood lead poisoning from a Western perspective. Arizona is in a unique position and faces the traditional challenge of lead based paint and non-traditional lead exposures from cultural influences.

The Arizona Elimination Plan is broken up into three parts. Parts 1 & 2 tackle the top two leading causes of lead poisoning in Arizona: lead contaminated housing and lead containing pottery and home remedies, respectively. Part 3 is the screening component. It involves judicious adherence to the Arizona's Childhood Lead Poisoning Targeted Screening Plan – a living document that identifies ZIP Codes throughout the state, which are at high risk for lead poisoning.

The mission of the Arizona Elimination Plan proposes that the three legs of lead contaminated housing, lead based cultural influences (pottery and home remedies), and screening of at-risk populations, be used together as three legs on a stool. Allowing a platform for the weight of State and Federal Government to settle and squash the disease of lead poisoning. Therefore leading to the mission statement of the Arizona CLPPP – protecting the children of Arizona from unnecessary harm.

Arizona Lead Poisoning Prevention Coalition:

The Arizona Lead Poisoning Elimination Plan is a direct result of proposals and recommendations from the Arizona Lead Poisoning Prevention Coalition, which was established in November of 1998 to develop the first screening policy for childhood lead poisoning in Arizona. The Coalition subsequently met to further develop a screening plan to target areas in Arizona at high risk for lead poisoned children. In September of 2003

the Coalition was tasked with the responsibility to assist the Arizona Childhood Lead Poisoning Prevention Program in creating this elimination plan. The Elimination Plan subcommittee, a committee, consisting of members of the Arizona Lead Poisoning Coalition was created. The subcommittee met in November and December of 2003 and the resulting goals and objectives are contained in this document.

The Arizona Coalition consists of dedicated individuals from throughout the state including state, county and city public health personnel, state, county and local housing authorities, Arizona Health Care Cost Containment System (AHCCCS) - Arizona's Medicaid program, providers and coordinators, Head Start, pediatricians and other health professionals, health clinics, lead abatement contractors, community advocacy groups, community housing groups and promatara groups. A complete list of the Coalition members is included as Attachment A.

The committee can and does, make and influence decisions given to the Arizona CLPPP. Regulatory authority would be the only prohibitive issue for instituting the Coalition's recommendations.

Many of the committee members commit resources directly and indirectly to the Arizona CLPPP. For example, providing lead abatement services to qualifying individuals through the City of Phoenix Neighborhood Services program and the Cochise County Housing Authority. The promatara groups established in Pima and Yuma counties have been vital in educating and communicating the problem of lead poisoning in the Hispanic community both with leaded paint and even more so with lead based cultural influences.

Background:

The current Arizona childhood lead poisoning screening policy recommends:

All children living in the targeted ZIP Codes should have a blood lead test at 12 and 24 months of age. Children aged 36 to 72 months should be tested if they have not been previously tested.

All children covered by the Arizona Health Care Cost Containment System (AHCCCS) should be tested according to the Centers for Medicare and Medicaid Services (CMS) requirements, as follows: test all children at 12 and 24 months of age; test children at 36 to 72 months of age if they have not been previously tested.

For children not living in a targeted ZIP code area, health care providers should conduct an individual risk evaluation in order to determine whether those children are at increased risk of having an elevated blood lead test.

The Arizona Childhood Lead Poisoning Targeted Screening Plan can be found at: <http://www.azdhs.gov/phs/oeh/invSurv/lead/index.htm>.

In addition The Screening Policy and Guidance for Preventing Childhood Lead Poisoning in Arizona can be found at: http://www.azdhs.gov/phs/oeh/invsurv/lead/bklet_home.htm. This document provides case management protocols.

In 2002, 23275 AHCCCS eligible children were screened, 0.9% were lead poisoned. In 2003, 20428 children were screened with 1.3% lead poisoned. The policy is a recommendation for all Arizona health care providers to follow. Unlike the CMS lead poisoning screening requirements, this policy does not mandate screening nor are funding resources for screening provided by the Arizona CLPPP.

The Arizona CLPPP maintains a statewide registry for recording all blood lead test results. In 2000 the Arizona Department of Health Services amended the Lead Poisoning Reporting Rule to require clinical laboratory directors to report all blood lead results to the Arizona Childhood Lead Poisoning Prevention Program. This amendment provides data to the Arizona CLPPP to determine prevalence rates, screening rates, to characterize the scope of lead poisoning in Arizona and to design effective lead poisoning prevention strategies.

The following chart displays the number of childhood lead poisoning cases from 1997 to 2003.

	1997	1998	1999	2000	2001	2002	2003
10-19ug/dl	266	230	173	175	134	209	223
≥20 ug/dl	47	45	52	50	29	30	38

Part 1: Lead Paint & Housing

Arizona mirrors the rest of the country in that the number one cause of lead poisoning among children in our State is lead based paint. Therefore the first leg of the Elimination Plan is to address lead paint and housing. Averaging case data of lead sources over the previous four years (2000 – 2003) shows that 42.5%, or 2 out of every 5 cases, of the elevated children in Arizona became poisoned by paint related exposure. Either from eating lead-based paint directly (21.5%), eating lead contaminated soil surrounding exterior homes with lead-based paint (12%), or dust related exposure associated with interior lead based paint (8%). Thus, removing lead paint from Arizona's housing stock is a key component of the march towards elimination by 2010.

To that end, the use of the document Arizona's Childhood Lead Poisoning Targeted Screening Plan is invaluable. The Targeted Screening Plan divides the state by zip code and calculates a lead poisoning risk factor in each by way of a formula that combined the number of lead poisoned children and the percentage of pre-1960 housing to derive an index score. Those ZIP Codes with index scores of 33 or higher were considered high risk for lead poisoning, which numerically boils down to 99 ZIP Codes in 14 Arizona Counties. Eleven of these counties (Maricopa, Yavapai, Pima, Pinal, Mohave, Gila, Coconino, Santa Cruz, Navajo, Greenlee, and Yuma) contain ZIP Codes where at least 25% of the housing are at high risk for lead paint contamination.

The Arizona Elimination Plan will promote both federal and state housing programs that specialize in lead paint abatement to the 24 Housing Authorities throughout Arizona that oversee the housing stock within their jurisdiction. It will first determine the order of highest to lowest risk with regards to lead-based paint and then approach each Housing Authority with promotion of the two programs that are applicable towards lead paint abatement in Arizona. These programs are the U.S. Department of Housing and Urban Development's Lead Hazard Control Program and the Arizona Department of Housing's Emergency Housing Repair Fund.

There is currently one HUD Lead Hazard Control grantee in Arizona: Cochise County. The City of Phoenix was a three-year beneficiary of a Lead Hazard Control Grant but was denied funding during the 2004 grant cycle. The Arizona Department of Housing's Emergency Housing Repair Fund is available to owner-occupied housing of low to modest income persons. Its availability to the public is limited to those living within the jurisdiction of a Housing Authority that has applied for access to Housing Repair Fund money. It is the goal of the Arizona Childhood Lead Poisoning Prevention Program to increase awareness throughout the State of these two programs and help in any way possible for Housing Authorities to apply for the programs.

It should be mentioned that Arizona is not EPA certified with regards to being an authority on lead safe work practices. Furthermore, there is no State law that requires lead safe work practices to be used when abating lead-burdened housing. Contractors do not have to be EPA certified to do lead abatement work in Arizona. If abatement actions are taken, there are no laws requiring mandatory dust wipe testing and clearance standards to the abated property. All of this boils down to the fact that there is no regulatory authority to require abatement of lead hazards in housing units containing children with elevated blood lead levels.

Of course, Federal laws and rules do apply. Such as the Federal statute on disclosure of pre-1978 property (EPA Title X, Section 1018) and the rules associated with Housing and Urban Development grants. The bottom line is that unless an abatement situation involves Federal Housing money, such as the HUD Lead Hazard Control grants, there is no legal means in Arizona State law to force the owner of the said property to use certified contractors or use lead safe work practices.

However, contractors may become certified with regards to lead safe work practices by taking classes through an EPA accredited training facility located in Phoenix. It is the goal of the Childhood Lead Poisoning Prevention Program to bring awareness of lead safe work practices, by introducing pamphlets such as EPA's Reducing Lead Hazards When Remodeling Your Home and to encourage enrollment in the aforementioned Lead Safe Work Practices classes, to the 24 Housing Authorities.

Rental properties that contain lead hazards and in which live tenants with small children are of particular concern to the Arizona Childhood Lead Poisoning Prevention Program.

In situations such as these, we work with the family and the local Housing Authority in an effort to find alternative housing for the elevated child. However, retaliatory eviction or discrimination related to disclosure of lead hazards by the landlord is a real possibility. The Arizona Residential Landlord and Tenant Act, Arizona Revised Statutes Title 33, Chapter 10, Section 33-1324-A-2, requires the landlord to “make all repairs and to do whatever is necessary to put and keep the premises in a fit and habitable condition”. The Arizona Childhood Lead Poisoning Prevention Program will address this issue with the local Housing Authorities during our outreach and will determine on a local level exactly what each Authority can do regarding this issue.

Elimination Goal 1

To clean Arizona’s leaded housing stock through partnerships with Federal and State Housing programs.

Objective #1:

To bring awareness of the HUD Lead Hazard Control Program to the 23 Housing Authorities throughout the State and to help those programs interested in applying with the application process. The ultimate objective is to increase the number of HUD Lead Hazard Control Program grantees in Arizona.

Objective #2:

To educate the 24 Arizona Housing Authorities throughout Arizona of the State Emergency Housing Repair Fund can how be used for lead abatement activities and to help those interested with the application process. The ultimate objective is to increase enrollment in the Emergency Housing Repair fund with regards to lead abatement activities.

Objective #3

To educate the 24 Arizona Housing Authorities throughout Arizona of lead safe work practices in general and the certification classes offered at the aforementioned EPA accredited training facility in particular.

Objective #4

To determine what the 24 Arizona Housing Authorities throughout Arizona do with regards to families who live in properties that contain lead hazards and in which an elevated child is living, and what steps are taken at the local level to insure that the landlord does not retaliate against the tenant.

Activities:

July to August 2004 – Obtain the names and contact information of the 23 Housing Authorities. The Arizona CLPPP staff will be responsible for this activity.

August to September 2004 – Learn the specifics of the application process for the State Emergency Housing Repair Fund. The Arizona CLPPP staff will be responsible for this activity.

September to October 2004 – Learn the specifics of the application process of the HUD Lead Hazard Control Grant. The Arizona CLPPP staff will be responsible for this activity.

October to November 2004 – Determine the ranking of the 23 Housing Authorities who are eligible for a HUD Lead Hazard Control Grant and list them from those at highest to lowest risk of childhood exposure to lead paint. The Arizona CLPPP staff will be responsible for this activity.

October to November 2004 – Develop a memorandum of understanding template for use with local governments for Emergency Housing Repair referrals of lead poisoned children. The Arizona CLPPP manager will be responsible for this activity.

December 2004 to April 2005 – Develop a presentation combining the application process of the Lead Hazard Control grant, the application process to the State Emergency Housing Repair Fund, lead safe work practices, and information on the EPA accredited classes on lead abatement. The Arizona CLPPP staff will be responsible for this activity.

December 2004 to February 2005 - Obtain the historic numbers of childhood lead poisoning cases in each of the 23 Housing Authority jurisdictions. The Arizona CLPPP staff will be responsible for this activity.

March to May 2005 – Develop a questionnaire to send out to the 24 Housing Authorities regarding their policies and procedures when dealing with situations in which landlords retaliate against tenants. The Arizona CLPPP staff will be responsible for this activity.

March to April 2005 – Using the presentation format developed above, merge the historic data on childhood lead poisoning for each jurisdiction of the 23 Housing Authorities. This will create a presentation tailored to each Authority. The Arizona CLPPP staff will be responsible for this activity.

April to June 2005 – Contact the top three Housing Authorities, according to the list mentioned above, and schedule time for a presentation using the aforementioned format. The Arizona CLPPP staff will be responsible for this activity.

July to September 2005 - Contact Housing Authorities listed 4, 5, & 6 on the list mentioned above and schedule time for a presentation using the aforementioned format. The Arizona CLPPP staff will be responsible for this activity.

October to December 2005 - Contact Housing Authorities listed 7, 8, & 9 on the list mentioned above and schedule time for a presentation using the aforementioned format. The Arizona CLPPP staff will be responsible for this activity.

January to March 2006 - Contact Housing Authorities listed 10,11, &12 on the list mentioned above and schedule time for a presentation using the aforementioned format. The Arizona CLPPP staff will be responsible for this activity.

April to June 2005 - Contact Housing Authorities listed 13, 14, & 15 on the list mentioned above and schedule time for a presentation using the aforementioned format. The Arizona CLPPP staff will be responsible for this activity.

July to September 2005 - Contact Housing Authorities listed 16, 17, & 18 on the list mentioned above and schedule time for a presentation using the aforementioned format. The Arizona CLPPP staff will be responsible for this activity.

October to December 2005 - Contact Housing Authorities listed 19, 20, & 21 on the list mentioned above and schedule time for a presentation using the aforementioned format. The Arizona CLPPP staff will be responsible for this activity.

January to March 2006 - Contact Housing Authorities listed 22 & 23 on the list mentioned above and schedule time for a presentation using the aforementioned format. The Arizona CLPPP staff will be responsible for this activity.

Performance Measure:

Starting January of 2006 and on an annual basis there after, each of the 24 Housing Authorities will be contacted to determine if an application to HUD and/or the Emergency Housing Repair Fund was submitted and received. A summary report will be compiled. We would anticipate an increase of applications to each program therefore demonstrating success of our efforts.

Part 2: Lead-Containing Home Remedies and Lead-Glazed Pottery

The number two cause, and second leg of the Elimination Plan, of lead poisoning in Arizona is exposure to lead-containing home remedies and lead-glazed pottery. Hispanic families in Arizona are more likely to use home remedies containing lead and lead-glazed pottery from Mexico due to cultural influences and close proximity to the Mexican border. According to the Arizona Lead Poisoning Registry over 70% of lead poisoning cases are Hispanic children. Lead containing home remedies and pottery is identified as a source of exposure in over 20% of environmental investigations conducted. The Arizona Department of Health Services recognizes this issue and identified in its Strategic Plan for Fiscal Year 2005-2009 an objective and activity to respond to this issue.

Objective 2.3: Decrease the incidence of injury and disease.

By June 2005, collaborate and integrate with the Office of Border Health to provide messages about the occurrence and dangers of lead poisoning resulting from home remedies and the misuse of lead glazed pottery.

This supports the Arizona Childhood Lead Poisoning Prevention Program's elimination goal 2.

The Centers for Disease Control (CDC) Lead Poisoning Prevention Branch recognizes the significance of lead exposure from non-traditional sources, traditional being lead-based paint, and has recently established a staff position within the Lead Poisoning Prevention Branch for a Non-Traditional Source Coordinator to address this issue. The Arizona Childhood Lead Poisoning Prevention Program looks forward to working closely with the coordinator and other partners to address this issue.

Elimination Goal 2

Eliminate lead poisoning from exposure to lead-containing home remedies and lead-glazed pottery among Arizona children

Objective #1:

Evaluate and build on existing data collection efforts in order to better understand the nature of culturally influenced use of home remedies and pottery containing lead.

Activities:

By February 2005 - modify data collection instrument to incorporate questions that address knowledge, behavior, attitude, and beliefs on *curandero* and pottery use. The Arizona staff epidemiologists will be responsible for this activity.

By March 2005 - implement the revised data collection instrument. The Arizona staff epidemiologists will be responsible for this activity.

January 2006 to June 2006 - Analyze data being gathered from new data collection instrument to identify common characteristics of people who report seeking care with *curanderos* and compare to characteristics of those cases with unidentified exposure source. The Arizona staff epidemiologists will be responsible for this activity.

January 2006 to June 2006 - Conduct social network analysis of *curandero* users and identify commonalities in cases. The Arizona staff epidemiologists will be responsible for this activity.

By January 2007 - review and change, if necessary, the case follow-up protocol. The Arizona CLPPP manager will be responsible for this activity.

Performance Measure:

By June 2006 prepare a written report of data collection results, common characteristics, and demographics of cases with exposure to lead-containing home remedies and pottery.

Objective #2:

Implement existing Anti-Lead Media and Educational Campaign materials to border communities.

Educational efforts will target:

- Pregnant women
- Parents
- WIC and Immunization Clinics
- Headstart Programs and;
- Other programs serving women and children

Activities:

December 2004 through December 2005 - Identify and partner with local community health advocacy groups, local health departments, state agencies, border community organizations and other local organizations serving women and children to disseminate campaign materials.

Seek funding and partners to implement media campaign components, i.e., billboards, radio and television commercials. The Arizona CLPPP staff along with the input and assistance of the Coalition will be responsible for both of these activities.

Performance Measure:

By June 2006, prepare a written report of local community Anti-Lead Media and Educational Campaign efforts and resources.

Objective #3:

Apply more detailed information to better define needs of population and to direct social marketing campaign.

Activities:

January 2006 through March 2006 - Review appropriateness of campaign messages and media for delivery of these messages according to information provided in case interviews for target populations. The Arizona CLPPP staff with the input and assistance of the Coalition will be responsible for this activity.

January 2007 through December 2007 - Adapt a campaign if necessary. This may include targeting other audiences, such as *curanderos*, botanical shop owners and vendors of imported items, etc. The Arizona CLPPP staff will be responsible for this activity.

January 2008 through December 2009 - Review appropriateness of audiences being targeted and materials being used and adapt campaign as needed. The Arizona CLPPP staff will be responsible for this activity.

Performance Measure:

By June 2007 and annually thereafter, prepare a written report of Anti-Lead Media and Educational Campaign efforts and effectiveness.

Part 3: Screening

The third leg of the Elimination Plan outlines the screening strategies the Arizona Childhood Lead Poisoning Prevention Program will employ to determine the number of lead poisoned children in Arizona. While the Elimination Plan itself will be implemented in ZIP Codes identified as high risk in the Arizona's Childhood Lead Poisoning Targeted Screening Plan. This plan is available at <http://www.azdhs.gov/phs/oeh/invsurv/lead/pdf/targeted03.pdf>.

Screening data will continue to be collected throughout the entire State because Arizona has mandatory reporting requirements for all blood lead tests. This requirement can be found in the Arizona Administrative Code, Article 3. Blood Lead Levels, R9-4-301 through R9-4-302. The software program STELLAR is currently being utilized by the Arizona CLPPP for data management.

To improve blood lead screening rates this Elimination Plan will include the development of an educational campaign for AHCCCS providers and physicians and nurse practitioners who service children living in the targeted ZIP Codes. We will utilize the AHCCCS program and health plans in assisting us in the formulation of the contents as well as distribution of campaign materials. The materials will provide information tailored to the geographic area of the provider's office (meaning Yuma medical practitioners will be given information on lead poisoning in SW Arizona, Phoenix medical practitioners lead poisoning cases within Maricopa County, and so on) as well as, historic information of childhood lead poisoning within their community

Elimination Goal 3

To increase the rate of blood lead screenings of AHCCCS enrolled children and children living in Targeted ZIP Codes in Arizona

Objective #1:

Obtain a 9% per year increase in blood lead screening over each previous year.

Objective #2:

Develop an education campaign on lead poisoning for pediatricians and nurse practitioners who service AHCCCS enrolled children and children living in the targeted ZIP Codes.

Activities:

By December 2004 - collaborate with AHCCCS plan coordinators to develop educational materials and implementation plans for providers. The Arizona CLPPP manager will be responsible for this activity.

By March 2005- implement educational campaign to AHCCCS providers. Arizona CLPPP staff will be responsible for this activity.

Between January 2005 and December 2006 - identify and provide physician and nursing organizations, hospitals and clinics, and professional organizations with educational information to improve lead screening rates. Arizona CLPPP staff will be responsible for this activity.

Ongoing from November 2004 through December 2010 - continue to work with AHCCCS and its medical providers, as well as providers in target zip code areas, to provide continual education and updates about childhood lead poisoning in Arizona. The Arizona CLPPP staff will be responsible for this activity.

Between March and May 2006 - develop and send an evaluation questionnaire on the educational packet to the recipients of the packet. This questionnaire will be utilized as an evaluation tool to determine if the education packet was effective.

Performance Measures:

On an annual basis, the Arizona CLPPP staff will obtain screening statistics from AHCCCS. These statistics will determine if the 9% goal is obtained.

By December 2006 - prepare a written report of evaluation of educational campaign.

Conclusion:

Like any 3-legged platform, the three legs of the Arizona Elimination Plan must be of equal length for elimination by 2010 to stand on its own. Lead paint identification and abatement, lead-based cultural influences, and a wide surveillance net of the at-risk population are the three legs, which must be approached with equal intensity for Arizona to be lead-free by 2010. We have five years to meet the national deadline, and this first year is crucial in laying the groundwork for the remaining four.

The goal of the Arizona Lead Poisoning Coalition and the Arizona CLPPP is this: by removing lead contaminated housing stock from the public's reach, by educating the at-risk population about the dangers of lead-containing home remedies and serving food on lead-glazed pottery, and by checking the blood lead level of Arizona's children we can save future children from unnecessary harm.

We in Arizona believe that elimination by 2010 is an achievable goal. We believe that to keep the Arizona of tomorrow happy and healthy, the removal of today's lead hazards is necessary. In short, we believe that the lead-free Arizona of tomorrow begins today with the implementation of the Lead Poisoning Elimination Plan for the State of Arizona.